

# PEDIATRIC

## BASIC LIFE SUPPORT GUIDELINE

### PNEUMATIC ANTI-SHOCK GARMENT

#### Not Required Equipment

**Do not use on children under the age of 8 years.**

**Reasonable certainty of On-Line Medical Direction required for use of PASG and this guideline.**

#### INDICATIONS:

- Suspected fracture of pelvis and/or femur requiring stabilization
- AND
- Clear signs of shock

#### POTENTIAL ADVERSE EFFECTS:

- If application causes pulmonary edema, a decrease in BP or increased breathing difficulty, contact medical control immediately for orders to deflate
- Do not use as an adjunct to CPR, or if the following conditions are present: diaphragmatic rupture, penetrating chest injury, lower leg fractures only, abdominal evisceration, acute myocardial infarction, cardiac tamponade or cardiogenic shock

#### CONTRAINDICATIONS:

- Abnormal lung sounds indicating fluid in the lungs
- Substantial open or closed chest or abdominal injury
- Uncontrolled bleeding above the PASG
- Third trimester pregnancy (Extremity compartments may be used but not pelvic compartment)
- Impaled object in site to be covered by PASG
- **Do not use in children under the age of 8 years**

#### SPECIAL CONSIDERATIONS:

- Pre-hospital deflation may be ordered in extreme circumstances, such as diaphragmatic herniation. Deflation should be preceded by assessment of patient vitals and be done slowly, with the expected consequence of decreased BP

1. Assess the patient; treat immediate life threatening problems found on primary survey. Obtain baseline vital signs and consider transport plan based on general impression.
2. Remove all clothing before applying the PASG.
3. Assess and record the patient's condition beneath the area to be covered by the PASG. Apply trauma dressing to any soft tissue injury.
4. Place or log roll patient into correct position on the PASG.
5. Fasten Velcro closures to leg(s) and, if used, abdominal section.
6. Attach appropriate pump and gauges.
7. Proceed as follows for fracture immobilization with shock:

**SEE FOLLOWING PAGE**

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.

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## FRACTURE IMMOBILIZATION with SHOCK

- Contact On-Line Medical Control and consider transport time
- When used for an isolated femur fracture, inflate only the leg segment for the affected femur
- When used as a pelvic fracture splint, inflate both legs first, then abdominal section
- Inflate only until Velcro begins to crackle or pop-off valves expel air
- Reassess the patient's condition
- Rapid transport

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